FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M26597

FORD HOME IMPROVEMENT, INC.

- * <u> </u>	
Principal Place of Business	Mailing
555 EAST 55 STREET	555 EAS
MINICALI EL 22012	LIAI EALI

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90006 033 ***155.00



Principal Place of Business	Mailing Address							
555 EAST 55 STREET 555 EAST 55 STREET				•				
HIALEAH FL 33013 HIALEAH FL 33013		DO NOT WRITE IN THIS SPACE						
				•	Date Incorporated or Qualifed	FACE		
					01/28/1986			
D. D. Sierle Blance & D. Sierle	2a. Mailing Address				4. FEI Number	An	plied For	
2. Principal Place of Business					59-2627807		t Applicable	
21 Suite Ast # etc	Suite, Apt. #, etc.					\$8.75		
Suite, Apt. #, etc.	27				5. Certifcate of Status Desired	Fee Re		
City & State	City & State				6. Election Campaign Financing \$5.00 May Be			
¬ '	28	7 .			Trust Fund Contribution	Added to Fees		
Zip Country	Zip	Cour	ntry		8. This corporation owes the current year Intan			
24 25	29 30	<u> </u>	•		_		VZÍÑo	
9. Name and Address of Current	1-01	<u>, </u>			10. Name and Address of New Registered A	gent /		
4.			81	Name				
	LEON, HIPOLITO							
555 EAST 55 STREET	55 EAST 55 STREET 82 Street Address (P.O. Box Number is Not Acceptable)							
HIALEAH FL 33013	,	83						
1		Į.	\perp		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	144.144.144	
			84	City	FL	85 Zip (Code	
1955 A. C.								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
agent. I am familiar with, and accept the obligation	ns of, Section 607.0000, Florida	a Statu	Hes.					
SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Re	egistered (Agent	signature required v	when reinstating) DATE			
12. OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE PT	☐ DELETE	1.1 TIT	ιε	-		Change	Addition	
NAME LEON, HIPOLITO		1.2 NA	ME		•			
STREET ADDRESS 555 E. 55TH ST		1.3 STI	REET A	ADDRESS				
CITY-ST-ZIP HIALEAH FL		1.4 CIT					.	
TITLE V VS	☐ DELETE	2.1 111				Change	☐ Addition	
NAME LEON, NORMA		2.2 NA	ME					
STREET ADDRESS 555 E. 55TH ST	. *			ADORESS				
CITY-ST-ZIP HIALEAH FL		2.4 CI			ه میرود ۲۰۰۰ با میکاند		, '	
TITLE TOTAL CONTROL OF THE CONTROL O	☐ DELETE	3.1 TIT				Change	☐ Addition	
NAME	•	3.2 NA				,	i	
STREET ADDRESS				ADDRESS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	, s. š. ~;		
CITY-ST-7IP	• •	3.4. CD				14 Tr (3)		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME . . STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

DELETE

Change Addition

Change

Change

Addition

☐ Addition